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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: 28524 Practitioners associated with the Customer Number: Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name . stration Name stration Regi Regi Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 28524

Assignee Name and Address:

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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature 2005 Bryan Dwyer Name Telephone +6/245770960 Intellectual Property Manager

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentially is governed by 35 U.S.C. 12 and 37 GFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, public generalizing submitted, prospering, and submitting for completed application from the full USPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete flat the form and/or suppression for retaining the value of the complete flat the complete flat the control of the complete flat the complete flat the control of the complete flat the complete flat the complete flat the control of the complete flat the control of the complete flat the co FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.